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Atty Docket No. 020824-004111US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Bin An Duc Nguyen

Group Art Unit 3661

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER BIN AN DUC NGUYEN

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of MICHAEL C. WOOD, Application No. 10/775,830, filed February 9, 2004 for INTERACTIVE HANDHELD APPARATUS WITH STYLUS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Power of Attorney-1 Page
2. Statement Under 3.73(b)-1 Page
3. Copy of Assignment-14 Pages

Number of pages being transmitted, including this page: 17

Dated: December 13, 2005


Andrea S. Beck

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PTO/SB/06 (09-04)

Attorney Docket No. 020824-004111US

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: MICHAEL C. WOOD

Application No./Patent No.: 10/775,830 Filed/Issue Date: February 9, 2004

Entitled: INTERACTIVE HANDHELD APPARATUS WITH STYLUS

LeapFrog Enterprises, Inc., a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
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The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Henry Ohab 12/12/2005
Signature Date
Henry Ohab
Printed or Typed Name
Corporate Patent Counsel
Title
510-420-5000
Telephone Number

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PTO/SB/81 (04 05)

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/775.830
	Filing Date	February 9, 2004
	First Named Inventor	Wood, Michael C.
	Title	INTERACTIVE HANDHELD APPARATUS WITH STYLUS
	Art Unit	3661
	Examiner Name	Nguyen
	Attorney Docket Number	020824-004111US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

OR

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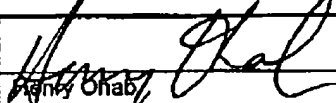
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/12/05
Name	Henry Ohab	Telephone	810-420-5000
Title and Company	Corporate Patent Counsel		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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